

<i>SERFF Tracking Number:</i>	<i>CNAC-125738235</i>	<i>State:</i>	<i>Arkansas</i>
<i>Filing Company:</i>	<i>Continental Casualty Company</i>	<i>State Tracking Number:</i>	<i>EFT \$50</i>
<i>Company Tracking Number:</i>	<i>08-F2214</i>		
<i>TOI:</i>	<i>17.0 Other Liability - Claims Made/Occurrence</i>	<i>Sub-TOI:</i>	<i>17.0019 Professional Errors & Omissions Liability</i>
<i>Product Name:</i>	<i>Dental Students Professional Liability Program</i>		
<i>Project Name/Number:</i>	<i>Dental Students Professional Liability Program/08-F2214</i>		

Filing at a Glance

Company: Continental Casualty Company		
Product Name: Dental Students Professional Liability Program	SERFF Tr Num: CNAC-125738235 State: Arkansas	
TOI: 17.0 Other Liability - Claims Made/Occurrence	SERFF Status: Closed	State Tr Num: EFT \$50
Sub-TOI: 17.0019 Professional Errors & Omissions Liability	Co Tr Num: 08-F2214	State Status: Fees verified and received
Filing Type: Form	Co Status:	Reviewer(s): Betty Montesi, Edith Roberts
	Author: Robert Alonzo	Disposition Date: 08/28/2008
	Date Submitted: 07/17/2008	Disposition Status: Approved
Effective Date Requested (New): 09/01/2008		Effective Date (New):
Effective Date Requested (Renewal): 09/01/2008		Effective Date (Renewal):
State Filing Description:		

General Information

Project Name: Dental Students Professional Liability Program	Status of Filing in Domicile:
Project Number: 08-F2214	Domicile Status Comments:
Reference Organization:	Reference Number:
Reference Title:	Advisory Org. Circular:
Filing Status Changed: 08/28/2008	
State Status Changed: 08/28/2008	Deemer Date:
Corresponding Filing Tracking Number:	
Filing Description:	
On behalf of Continental Casualty Company, we submit for your review and approval the attached new Coverage Territory Endorsement form GSL2861XX and Dental Assistant Coverage form GSL3968XX for use with our Dental Students Professional Liability Master Policy currently on file with your department.	

SERFF Tracking Number: CNAC-125738235 State: Arkansas
Filing Company: Continental Casualty Company State Tracking Number: EFT \$50
Company Tracking Number: 08-F2214
TOI: 17.0 Other Liability - Claims Made/Occurrence Sub-TOI: 17.0019 Professional Errors & Omissions Liability
Product Name: Dental Students Professional Liability Program
Project Name/Number: Dental Students Professional Liability Program/08-F2214

Please refer to the forms filing memorandum and copies of the forms for further details regarding these new forms.

Company and Contact

Filing Contact Information

Robert Alonzo, State Filing Analyst
40 Wall Street
New York, NY 10005
robert.alonzo@cna.com
(212) 440-3478 [Phone]
(212) 440-2877[FAX]

Filing Company Information

Continental Casualty Company
40 Wall Street
9th Floor
New York, NY 10005
(212) 440-3478 ext. [Phone]
CoCode: 20443
Group Code: 218
Group Name:
FEIN Number: 36-2114545

State of Domicile: Illinois
Company Type:
State ID Number:

Filing Fees

Fee Required? Yes
Fee Amount: \$50.00
Retaliatory? No
Fee Explanation:
Per Company: No

COMPANY	AMOUNT	DATE PROCESSED	TRANSACTION #
Continental Casualty Company	\$50.00	07/17/2008	21465937

SERFF Tracking Number: *CNAC-125738235* *State:* *Arkansas*
Filing Company: *Continental Casualty Company* *State Tracking Number:* *EFT \$50*
Company Tracking Number: *08-F2214*
TOI: *17.0 Other Liability - Claims Made/Occurrence* *Sub-TOI:* *17.0019 Professional Errors & Omissions Liability*

Product Name: *Dental Students Professional Liability Program*
Project Name/Number: *Dental Students Professional Liability Program/08-F2214*

Correspondence Summary

Dispositions

Status	Created By	Created On	Date Submitted
Approved	Edith Roberts	08/28/2008	08/28/2008

<i>SERFF Tracking Number:</i>	<i>CNAC-125738235</i>	<i>State:</i>	<i>Arkansas</i>
<i>Filing Company:</i>	<i>Continental Casualty Company</i>	<i>State Tracking Number:</i>	<i>EFT \$50</i>
<i>Company Tracking Number:</i>	<i>08-F2214</i>		
<i>TOI:</i>	<i>17.0 Other Liability - Claims Made/Occurrence</i>	<i>Sub-TOI:</i>	<i>17.0019 Professional Errors & Omissions Liability</i>
<i>Product Name:</i>	<i>Dental Students Professional Liability Program</i>		
<i>Project Name/Number:</i>	<i>Dental Students Professional Liability Program/08-F2214</i>		

Disposition

Disposition Date: 08/28/2008

Effective Date (New):

Effective Date (Renewal):

Status: Approved

Comment:

Rate data does NOT apply to filing.

SERFF Tracking Number: *CNAC-125738235* *State:* *Arkansas*
Filing Company: *Continental Casualty Company* *State Tracking Number:* *EFT \$50*
Company Tracking Number: *08-F2214*
TOI: *17.0 Other Liability - Claims Made/Occurrence* *Sub-TOI:* *17.0019 Professional Errors & Omissions Liability*

Product Name: *Dental Students Professional Liability Program*
Project Name/Number: *Dental Students Professional Liability Program/08-F2214*

Item Type	Item Name	Item Status	Public Access
Supporting Document	Uniform Transmittal Document-Property & Casualty	Approved	Yes
Supporting Document	Forms Memo	Approved	Yes
Form	COVERAGE TERRITORY	Approved	Yes
	ENDORSEMENT		
Form	DENTAL ASSISTANT COVERAGE	Approved	Yes

SERFF Tracking Number: CNAC-125738235 State: Arkansas

Filing Company: Continental Casualty Company State Tracking Number: EFT \$50

Company Tracking Number: 08-F2214

TOI: 17.0 Other Liability - Claims Made/Occurrence Sub-TOI: 17.0019 Professional Errors & Omissions Liability

Product Name: Dental Students Professional Liability Program

Project Name/Number: Dental Students Professional Liability Program/08-F2214

Form Schedule

Review Status	Form Name	Form #	Edition Date	Form Type Action	Action Specific Data	Readability	Attachment
Approved	COVERAGE TERRITORY ENDORSEMENT	GSL2861 XX	06-08	Endorsement/Amendment/Conditions	New	0.00	GSL2861XX_062008_COVERAGE TERRITORY ENDORSEMENT.pdf
Approved	DENTAL ASSISTANT COVERAGE	GSL3968 XX	04-08	Endorsement/Amendment/Conditions	New	0.00	GSL3968XX_042008_DENTAL ASSISTANT COVERAGE.pdf



COVERAGE TERRITORY ENDORSEMENT

It is agreed and understood that this endorsement modifies insurance provided under MASTER POLICY DENTAL STUDENTS PROFESSIONAL LIABILITY policy.

Section V. CONDITIONS is amended to add a new section as follows:

- **Territory**

This policy applies to **dental incidents** taking place anywhere in the world; provided, however, that **claim** is made and suit is brought against **you** in the United States, its territories or possessions, Puerto Rico or Canada.

All other terms and conditions of the Policy remain unchanged.

This endorsement, which forms a part of and is for attachment to the Policy issued by the designated Insurers, takes effect on the effective date of said Policy at the hour stated in said Policy and expires concurrently with said Policy unless another effective date is shown below.

By Authorized Representative _____
(No signature is required if issued with the Policy or if it is effective on the Policy Effective Date)



DENTAL ASSISTANT COVERAGE

This endorsement modifies insurance provided under the following:

Master Policy Dental Students Professional Liability

It is understood and agreed that the third paragraph of Section I., COVERAGE AGREEMENTS, is amended by the addition of the following:

If the term of **your** Certificate includes **your** year of expected graduation, coverage extends until **your** dental licensing exam is passed or **you** become a licensed dentist, up to a maximum of, but no longer than 6 months from the date of graduation from an accredited dental school. Coverage also extends to **your** dental assistant but only for an **injury** caused by such dental assistant during the dental licensing exam.

All other terms and conditions of the Policy remain unchanged.

This endorsement, which forms a part of and is for attachment to the Policy issued by the designated Insurers, takes effect on the effective date of said Policy at the hour stated in said Policy and expires concurrently with said Policy unless another effective date is shown below.

By Authorized Representative _____
(No signature is required if issued with the Policy or if it is effective on the Policy Effective Date)

<i>SERFF Tracking Number:</i>	<i>CNAC-125738235</i>	<i>State:</i>	<i>Arkansas</i>
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<i>Product Name:</i>	<i>Dental Students Professional Liability Program</i>		
<i>Project Name/Number:</i>	<i>Dental Students Professional Liability Program/08-F2214</i>		

Rate Information

Rate data does NOT apply to filing.

SERFF Tracking Number: CNAC-125738235 State: Arkansas
Filing Company: Continental Casualty Company State Tracking Number: EFT \$50
Company Tracking Number: 08-F2214
TOI: 17.0 Other Liability - Claims Made/Occurrence Sub-TOI: 17.0019 Professional Errors & Omissions Liability
Product Name: Dental Students Professional Liability Program
Project Name/Number: Dental Students Professional Liability Program/08-F2214

Supporting Document Schedules

Satisfied -Name: Uniform Transmittal Document-Property & Casualty **Review Status:** Approved 08/28/2008
Comments:
Attachments:
PC TD 2 ar .pdf
PC FF .pdf

Satisfied -Name: Forms Memo **Review Status:** Approved 08/28/2008
Comments:
Attachment:
08-F2214_072008_STUDENT DENTAL Forms Memo.pdf

Property & Casualty Transmittal Document

1. Reserved for Insurance Dept. Use Only	2. Insurance Department Use only	
	a. Date the filing is received:	
	b. Analyst:	
	c. Disposition:	
	d. Date of disposition of the filing:	
	e. Effective date of filing:	
	New Business	
	Renewal Business	
	f. State Filing #:	
	g. SERFF Filing #:	
h. Subject Codes		

3. Group Name	Group NAIC #
CNA	218

4. Company Name(s)	Domicile	NAIC #	FEIN #	State #
Continental Casualty Company	IL	20443	36-2114545	

5. Company Tracking Number	08-F2214
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Contact Info of Filer(s) or Corporate Officer(s) [include toll-free number]

6. Name and address	Title	Telephone #s	FAX #	e-mail
Robert Alonzo 40 Wall Street - 9 th Floor	State Filing Analyst	212-440-3478	212-440-2877	robert.alonzo@cna.com
New York, NY 10005				

7. Signature of authorized filer	<i>Robert Alonzo</i>
8. Please print name of authorized filer	Robert Alonzo

Filing information (see General Instructions for descriptions of these fields)

9. Type of Insurance (TOI)	17.O Other Liability
10. Sub-Type of Insurance (Sub-TOI)	5.0007
11. State Specific Product code(s) (if applicable)[See State Specific Requirements]	
12. Company Program Title (Marketing title)	Dental Students Professional Liability Program
13. Filing Type	<input type="checkbox"/> Rate/Loss Cost <input type="checkbox"/> Rules <input type="checkbox"/> Rates/Rules <input checked="" type="checkbox"/> Forms <input type="checkbox"/> Combination Rates/Rules/Forms <input type="checkbox"/> Withdrawal <input type="checkbox"/> Other (give description)
14. Effective Date(s) Requested	New: 9-1-2008 Renewal: 9-1-2008
15. Reference Filing?	<input type="checkbox"/> Yes <input type="checkbox"/> No
16. Reference Organization (if applicable)	
17. Reference Organization # & Title	

18. Company's Date of Filing	
19. Status of filing in domicile	<input type="checkbox"/> Not Filed <input type="checkbox"/> Pending <input type="checkbox"/> Authorized <input type="checkbox"/> Disapproved

Property & Casualty Transmittal Document—

20. This filing transmittal is part of Company Tracking #	08-F2214
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21. Filing Description [This area can be used in lieu of a cover letter or filing memorandum and is free-form text]
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ARKANSAS INSURANCE DEPARTMENT
 PROPERTY & CASUALTY DIVISION
 1200 W 3RD ST
 LITTLE ROCK AR 72201-1904

RE: Continental Casualty Company NAIC# 20443, FEIN# 36-2114545
 Dental Students Professional Liability Master Policy
 Forms Filing
 Our File # 08-F2214

To Whom It May Concern:

On behalf of Continental Casualty Company, we submit for your review and approval the attached new Coverage Territory Endorsement form GSL2861XX and Dental Assistant Coverage form GSL3968XX for use with our Dental Students Professional Liability Master Policy currently on file with your department.

Please refer to the forms filing memorandum and copies of the forms for further details regarding these new forms.

We propose that this filing be effective for policies written on or after September 1, 2008, or the earliest date permitted by your state.

If you should need additional information, please feel free to contact me.

Sincerely,

Robert Alonzo

Robert Alonzo
 State Filing Analyst

22. Filing Fees (Filer must provide check # and fee amount if applicable) [If a state requires you to show how you calculated your filing fees, place that calculation below]

Check #: EFT
Amount:

Refer to each state's checklist for additional state specific requirements or instructions on calculating fees.

*****Refer to the each state's checklist for additional state specific requirements (i.e. # of additional copies required, other state specific forms, etc.)**

FORM FILING SCHEDULE

(This form must be provided ONLY when making a filing that includes forms)
 (Do not refer to the body of the filing for the forms listing, unless allowed by state.)

1.	This filing transmittal is part of Company Tracking #		08-F2214		
2.	This filing corresponds to rate/rule filing number (Company tracking number of rate/rule filing, if applicable)		N/A		
3.	Form Name /Description/Synopsis	Form # Include edition Date	Replacement or Withdrawn?	If replacement, give form # it replaces	Previous state filing number, if required by state
01	COVERAGE TERRITORY ENDORSEMENT	GSL2861XX (4-08)	<input checked="" type="checkbox"/> New <input type="checkbox"/> Replacement <input type="checkbox"/> Withdrawn		
02	DENTAL ASSISTANT COVERAGE	GSL3968XX (4-08)	<input checked="" type="checkbox"/> New <input type="checkbox"/> Replacement <input type="checkbox"/> Withdrawn		
03			<input type="checkbox"/> New <input type="checkbox"/> Replacement <input type="checkbox"/> Withdrawn		
04			<input type="checkbox"/> New <input type="checkbox"/> Replacement <input type="checkbox"/> Withdrawn		
05			<input type="checkbox"/> New <input type="checkbox"/> Replacement <input type="checkbox"/> Withdrawn		
06			<input type="checkbox"/> New <input type="checkbox"/> Replacement <input type="checkbox"/> Withdrawn		
07			<input type="checkbox"/> New <input type="checkbox"/> Replacement <input type="checkbox"/> Withdrawn		
08			<input type="checkbox"/> New <input type="checkbox"/> Replacement <input type="checkbox"/> Withdrawn		
09			<input type="checkbox"/> New <input type="checkbox"/> Replacement <input type="checkbox"/> Withdrawn		
10			<input type="checkbox"/> New <input type="checkbox"/> Replacement <input type="checkbox"/> Withdrawn		
11			<input type="checkbox"/> New <input type="checkbox"/> Replacement <input type="checkbox"/> Withdrawn		

MASTER POLICY DENTAL STUDENTS PROFESSIONAL LIABILITY

FORM FILING MEMORANDUM

FILING I.D. # 08-F2214

NEW FORMS

FORM NUMBER	EDITION DATE	FORM TITLE
GSL2861XX	(ED. 6/08)	COVERAGE TERRITORY ENDORSEMENT This optional form adds a new section to the policy Conditions regarding the coverage territory.
GSL3968XX	(ED. 4/08)	DENTAL ASSISTANT COVERAGE This optional form amends the policy to add coverage for the Insured's Dental Assistant for any injury caused during the dental licensing exam.